Niagara District Health Council
Conseil régional de santé de Niagara

YEAR IN REVIEW 1999-2000

June 22, 2000

Celebrating 25 Years of Service

Également disponible en français

Vision Statement
HEALTH IN NIAGARA:
A VISION FOR OUR FUTURE INTO THE 21st CENTURY

Niagara's health system of the future will focus on the consumer and be dedicated to the well-being of the people of Niagara. It will be easy to access and use, offer appropriate services which improve or maintain health to all age groups, and be more efficient and cost-effective.

Niagara's health system will be co-ordinated and monitored by a local organization which will be responsible for ensuring appropriate and equitable distribution of health services across the entire region and for introducing initiatives to improve quality of care.

Niagara's fully integrated health system will be built upon the strengths of the existing system. The physical, emotional and spiritual needs of individuals and communities will be met by:

- primary care and other services which will be co-ordinated to promote optimal health and well being;
- specialty services which will be co-ordinated to address specific health needs (e.g., mental health, long-term care, chronic care, women and children's issues); and,
- state-of-the-art emergency and acute care, including the diagnosis and treatment of complex medical conditions.

Fundamental to this system will be the use of advanced communication and information technologies.

Niagara's health system will focus both on consumer responsibility to ensure appropriate use of services, and on quality and accountability from the system's providers. The system will be caring and will foster mutual respect and partnerships between those who deliver and those who use its services.

This Vision Statement was prepared by the Community Visioning Steering Committee and adopted by the Niagara District Health Council on May 15, 1996.

For further information please contact the Niagara District Health Council at (905) 892-5771, Fax: (905) 892-1593 or e-mail at general@niagaradhc.on.ca

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INTRODUCTION

The Niagara District Health Council (NDHC) has 17 active volunteers appointed for up to six years by Order-in-Council of the Government of Ontario. These community leaders are drawn from throughout the Niagara region and reflect a mix of consumers and providers of health care services, and three members appointed by the Regional Municipality of Niagara.

Members are committed to improving the health of Niagara residents and making our community a healthier place. As part of achieving this goal, we work to improve our local options of health care services. Council members bring their collective values and vision to these community planning activities and work in partnership with agencies, providers and consumers. Members share their perspectives and experiences on health matters as consumers or providers, for the betterment of the entire Niagara community. Council receives and considers information and advice from its committees, working groups and staff. The Council Development Committee selects people for Council consideration who are able and willing to involve themselves in Council's important work to replace members whose terms of office are completed or as vacancies occur.

1999/2000 MEMBERS OF THE NIAGARA DISTRICT HEALTH COUNCIL

Dave Eke, Chair	Consumer, Niagara-on-the-Lake
William Smeaton, Immediate Past-Chair	Regional appointee, Niagara Falls
Mariea Mc Nelis, Vice-Chair	Consumer, Niagara Falls
Ronald Scott, Treasurer	Consumer, St. Catharines
Roy Adams	Regional appointee, St. Catharines
Robert Allan	Provider, St. Catharines
David Cashin	Consumer, Niagara-on-the-Lake
Donna Cripps	Provider, Grimsby
Italia Gilberti	Consumer, Niagara Falls
Dr. Archie Heide	Provider, St. Catharines
George Marshall	Regional appointee, Welland
Cameron McCallum	Consumer, Fort Erie
William Napper	Consumer, Port Colborne
Deborah Roberts	Provider, St. Catharines

Ministry of Health and Long-Term Care Liaison:

Sue Lung, Planning Analyst, Health Care Program, Ministry of Health and Long-Term Care (until August 1999)

Linda Boich, Planning Analyst, Health Care Program, Ministry of Health and Long-Term Care (effective September 1999)

REPORT OF THE CHAIR

Good afternoon ladies and gentlemen. A very warm welcome to all present. I am particularly delighted today to welcome the CEO of the Niagara Health System, Mr. Larry Tokarchuk. We are looking forward to his address.

This report marks the end of my first year as Chair of the Niagara District Health Council, but more importantly, twenty-five years of service provided by Council to the Ministry of Health and Long-Term Care and the Niagara community. For me, it has been an exciting and challenging year. Certainly, the work of Council has expanded and changed over the years in terms of scope and complexity. We are fortunate that we possess a broad base of skilled and dedicated volunteers and staff. The emphasis on strong collaborative partnerships to allow us to build on the strengths of the current health care system and how best to meet the many, different local and regional needs of Niagara residents is one of our greatest assets. Planning effectively for Niagara means encouraging as much diverse and concerned participation as possible from local volunteers and partners like yourself. This will give us a better understanding of the environmental, economic, social and educational determinants of health and make for an efficient and effective health system.

Before summarizing the various activities Council was engaged in the past year, I would like to highlight how Council's role has changed over the years.

In the early days of Council in the late 1970s, Council was busy as you can imagine setting up its committee structure, small staff team and "learning the ropes" of health care. The development of health care inventories was its foray into health planning. The early 1980s saw this health council undertake the first comprehensive ***"Health Action Plan"*** in Ontario. It was a detailed baseline of what services existed and a thoughtful examination with our community and planning partners of what services ought to exist.

The period from 1985 to 1990 saw new governments formed and an expansion of district health councils to cover the entire province, as well as an expanded advice-giving role. The Niagara DHC was undertaking comprehensive "needs assessments" examining a wide range of community needs such as palliative care, services for younger physically disabled persons, geriatric psychiatry, cancer care, residential addiction services, emergency services and disaster planning. Council of the day spent considerable effort priority ranking for the Ministry new and expanded hospital and mental health programs required to meet Niagara's needs.

In the 1990s Health Council undertook its ***"Health Action Plan for the '90s"***, incorporating a Niagara version of Health Goals developed by the Premier's Council on Health and Well-Being. This massive "action plan" profiled the Niagara community, developed health promotion and health care system goals, and then developed health promotion strategies and health care system strategies, focussing on acute care, mental health and long-term care. This exercise involved the whole of the Niagara community—from consumers to health care

professionals to health agencies. Council continues to this day to involve you our partners to inform, enrich and help implement the results of our community planning. Our approach to planning with our community has become somewhat of our trademark of which we are justly proud.

The early- to mid-1990s saw a move to health promotion and disease prevention efforts. Council was well positioned to recommend "Healthy Community" grants given its emphasis on health promotion in its Action Plan. Skill development and education with providers and the community focussed on making Niagara a healthier place to live, work and play. Council demonstrated its concern over long-term care resources, particularly community support services, during this period and studied the issue from top to bottom. While resource needs continue to grow given demographic changes, Council has been pleased to see over 25 million new annualized dollars into long term care locally.

Council assumed leadership in the mid-90s to develop detailed plans and advice to the Health Services Restructuring Commission to restructure Niagara's hospitals. As we all know, this was a huge and challenging task in which developing consensus was like a "dog trying to catch its tail". Council rose to the occasion and saw this exercise as a three-phase community planning exercise, and not in a narrow context of saving dollars or hospital closures. In conjunction with Brock University, Health Studies Program, Council co-sponsored a "Health Matters: A Community Forum" to inform the public through a series of public forums and feedback sessions. With momentum in place, Council partnered with the community to develop a vision of health for Niagara. ***"Towards a Vision of Health for Niagara"*** was endorsed in 1996 after an intensive phase of collective soul searching. In the end, a blueprint was in place to guide our search for a sustainable **system** of health care reflecting existing strengths, diverse community needs and provincial fiscal realities.

The final phase was the actual hospital restructuring study that spanned 1996 to 1997, which included open houses and public consultation to a draft plan, a final plan incorporating the Ministry of Health's Northern and Rural Health Care Framework, and Council deliberation culminating in ***"Made in Niagara: Transforming Niagara's Hospital System"***. Lastly, the Commission provided their directives to Niagara hospitals and after some time Niagara is embarking on restructuring its hospital sector. Our system of the future will be based on West Lincoln Memorial Hospital in Grimsby, Hotel Dieu in St. Catharines and the newly formed Niagara Health System in eight sites throughout Niagara. It bears a striking resemblance to the community vision and Council offers its total support in the transformation of Niagara's hospitals—we know challenging days are ahead, but we know it will lead to opportunities to better meet the health care needs of Niagara residents.

As a direct result of Council's planning initiatives, new agencies have been established in response to community health needs which include: the Niagara Alcohol and Drug Assessment Service, Niagara Placement Co-ordination Service, New Port Centre for Addictions treatment, Niagara Centre for Independent Living, and AIDS Niagara. Our planning studies and advocacy led to rehab beds at Shaver Hospital, regional cancer services at Hotel Dieu Hospital, CT scanning services at St. Catharines General, Welland County General and Greater Niagara General Hospitals, and new nursing homes and beds throughout Niagara, to name just a few. Initiatives of our staff to create new planning tools are well recognized in Ontario through our health action plans, priority setting process, community vision statement, accommodation and waiting list surveys, and disaster plans.

I'm pleased to report briefly on significant activities of Council over the past year which together lay out a framework to better align services with needs, introduce much needed new services and protocols to create "virtual" service networks.

- Review of operating plans for hospitals, mental health (including Hamilton Psychiatric Hospital) and addictions agencies in Niagara.

- Monitoring of emergency services and the newly implemented regional policy on Critical Care By-pass and Ambulance Re-direct consideration (CCB/RDC).

- Continued work on updating the regional French Language Health Services Plan and proposed designation for Centre de santé communautaire (Francophone Community Health Centre in Welland).

- Considerable new and exciting works in the broad area of "mental health". The Employment Development Task Force released a ground-breaking report ***"Working on a Dream: A Niagara Employment Plan for Individuals with Mental Health Disabilities"*** and is now implementing key elements of this report to enhance employment opportunities. Council staff facilitated mental health housing forums and produced the report ***"Housing for Mental Health Consumers: Consultation and Action Plan"***, and now is facilitating a regional proposal for housing and mental health supports in response to the provincial Mental Health Homelessness Initiative. The Niagara Dual Diagnosis Committee continues to work on improving services for individuals with a developmental and mental health disability. As you can see, mental health continues to be a priority for this Council.

- The Substance Abuse Task Force completed an intense planning effort and report ***"Integrated Addiction Treatment Service Plan for Niagara"*** which has been forwarded to the Ontario Substance Abuse Bureau for follow-up and direction. Several structural changes were suggested to enhance service delivery in the region.

- Two years ago Council established the Physician Resources Planning Task Force to undertake a thorough review of Niagara's physician complement and related recruitment and retention issues. Physicians, hospital administrators, the Medical Officer of Health and Regional and local municipalities worked diligently to develop a clean data base, to have all of Niagara designated "underserviced" by the Ministry of Health and Long-Term Care, and to deliver ***"A Blueprint for Physician Recruitment and Retention in Niagara into the next Millennium."*** I am happy to report their efforts are already showing results!

- The latter report title provides a reminder of our considerable contingency planning for Y2K. What annual report would be complete this year without mention of Y2K? Again this task exemplified planning partnerships and integrated strategies. Council and the Ministry identified this as a top priority and I want to thank all the agencies that so fully participated in this key exercise. Agency participation was instrumental in an uneventful rollover into the year 2000, and the strategic linkages created will continue to assist us all in future.

- Council continues to support NETWORK: Niagara's Human Services Newsletter in order to keep volunteers and staff in the broad health, social service and voluntary sectors up-to-date in this fast changing environment.

- Internal to the structure of Council, our committee and task force structure has been revamped so that three committees deal with ongoing issues, permitting some resources to be redirected to time-limited, task-specific groups as issues arise. As a "work in progress" we'll be monitoring how well this works and fine-tune as needed.

I encourage you to read the Annual Report further for more details on our activities in the past year and to visit our redeveloped website at **www.niagaradhc.on.ca**.

My sincerest thanks and appreciation to William Smeaton, Immediate-Past Chair. I know that I will have his continued support and counsel and recognize what a great asset he continues to be to Council.

The year 2000 sees the departure of some very able members who will be leaving due to personal reasons. I note with regret the imminent departure of Robert Allan, who will have served three years and Dr. Archie Heide, and Deborah Roberts, who have both dedicated two years to Council. Their contribution and dedication to the voluntary principle continues to be a source of inspiration for us all.

One new member has been appointed to Council this year. Council welcomes Cameron McCallum of Fort Erie as a consumer member. Council is also pleased with the reappointments of Regional Councillors, Roy Adams and William Smeaton, and are looking forward to the reappointment of George Marshall. We are also hopeful of hearing the Ministry reappointments to fill the additional vacancies in the near future.

I would be remiss not to mention the new partnership with the Central South Region Office, Health Care Programs, Ministry of Health and Long-Term Care. We are looking forward to a collaborative relationship with regional office staff, Narendra Shah, Regional Director; Frank Vassallo, Manager - Planning and Support; and, Linda Boich, Planning Analyst, in our joint efforts to build a healthier Niagara. We are pleased to welcome the Health Care Programs staff to our 25th Annual Meeting.

In terms of staff in the past year, Bill Bloor left in May to join the Niagara Community Care Access Centre as Director of Planning and Barb Chrysler, who had been seconded to the Ministry, left in December to join Hotel Dieu Hospital as Director of Mental Health, Addiction and Developmental Services. Both left a legacy in the areas of long term care and mental health, respectively, and we are pleased their talents continue to reside in Niagara. We are pleased to have Julie Darnay and Vicky Guertin join us to support our efforts in the areas of mental health and housing supports and consultants Sylvia Berkhout and JoAnn Theobald in the areas of employment development and children's mental health. To other staff members, Diane Fortier, Jeannette Wilcox, Joanne Manson, Penny Pomeroy, Shirley Stewart, Mary Szabo, and Gary Zalot we thank them for their ongoing support and valuable contributions.

To conclude, although we are seeing different organizational structures, different needs in our aging population, and new and different services to respond to changing needs, the goal remains the same. That is, the Niagara District Health Council strives with the community and its planning partners to build on the strengths of the current health system to best meet the health needs of Niagara residents. I want you to know that your participation and contribution is greatly appreciated. It is only with the support of many generous and dedicated volunteers that enables the District Health Council to attend to its important work of improving the health of our community.

As I close my report may I leave you with this one lingering thought…

> *Although at times your service and tireless efforts in the health system may seem to be "for others," remember—despite all the best interventions of modern medicine, the death rate will always remain the same— precisely one per person.*

STAFF OF THE NIAGARA DISTRICT HEALTH COUNCIL

Bloor, Bill	Senior Health Planner	Resigned during the past year
Chrysler, Barb	Senior Health Planner	Resigned during the past year
Darnay, Julie	Senior Health Planner	jdarnay@niagaradhc.on.ca
Fortier, Diane	Bilingual Secretary	dfortier@niagaradhc.on.ca
Guertin, Vicky	Health Planner	vguertin@niagaradhc.on.ca
Manson, Joanne	Senior Health Planner	jmanson@niagaradhc.on.ca
Pomeroy, Penny	Senior Health Planner	ppomeroy@niagaradhc.on.ca
Stewart, Shirley	Senior Health Planner	sstewart@niagaradhc.on.ca
Szabo, Mary	Administrative Officer	mszabo@niagaradhc.on.ca
Wilcox, Jeannette	Senior Bilingual Secretary	jwilcox@niagaradhc.on.ca
Zalot, Gary	Executive Director	gzalot@niagaradhc.on.ca

Planning Consultants:

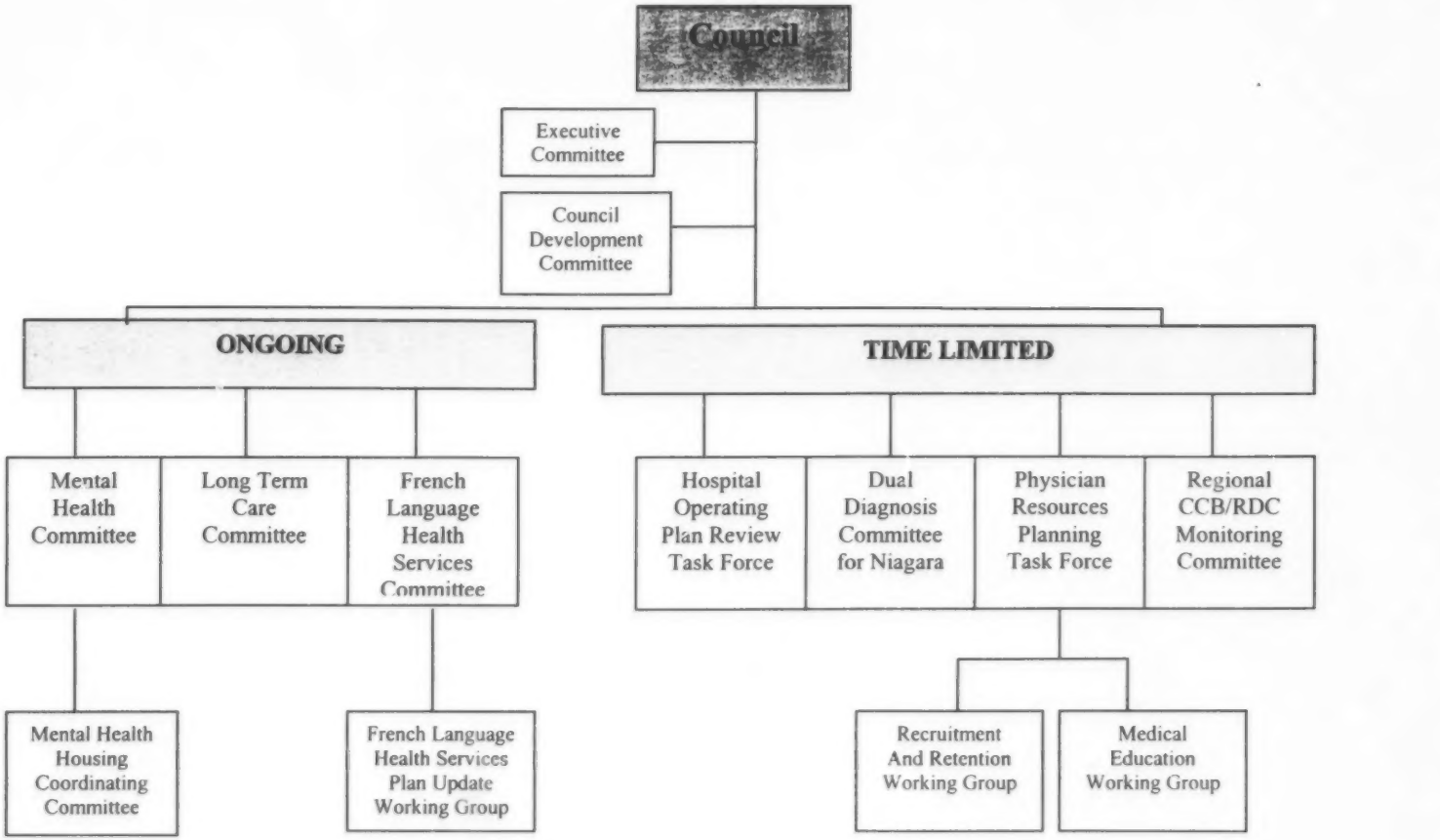
Sylvia Berkhout, Mental Health Employment Development Project
JoAnn Theobald, Child & Adolescent Mental Health Project

COMMITTEES OF THE NIAGARA DISTRICT HEALTH COUNCIL

A special thank you goes out to all the volunteers for the hours of work they have devoted to working toward providing the best possible health care services for Niagara, and to the families and the employers of these volunteers who have given the support which has allowed them to provide this invaluable service to our community.

Niagara District Health Council

Committee Structure
May 2000



See attached for additional committees staff/Council members are involved with regionally and locally.

Council and/or staff involvement on regional and local committees/groups include:

Regional

- Central West Health Planning Information Network
- Central South Planning and Priorities Committee
- Central South Executive Directors Group
- Central West Emergency Health Services Advisory Committee
- Central West/South Long-term Care Planners
- Central West DHC Regional Mental Health Team
- Central West Mental Health Implementation Team
- Central South Dual Diagnosis Committee
- Central South/Halton Child and Adolescent Mental Health Committee

Local

- Mobility Niagara Transportation Project Steering Committee
- Base Hospital Advisory Committee
- Addictions Services Mobilizing Committee
- Speech Services (S.S.) Niagara Advisory Committee
- Client Intervention/Gatekeepers Task Force
- Niagara Homelessness Committee
- Early Years Action Group – Niagara
- Niagara Partners in Service
- Mental Health Services for Newcomers Committee

MENTAL HEALTH COMMITTEE

The Mental Health Committee is a standing committee of the District Health Council that provides strategic direction and advice to Council on the continued development of the mental health service system. Committee members include consumers, family members, mental health service providers and other community representatives.

It has been a busy and productive year for the Mental Health Committee. In addition to the annual operating plan review of Ministry of Health and Long-Term Care funded mental health programs, a number of other significant projects were completed.

The Employment Development Task Force released its report ***"Working on a Dream: A Niagara Employment Plan for Individuals with Mental Health Disabilities"***. Based on a report recommendation, the Niagara Mental Health Employment Coalition was established to enhance employment opportunities for consumer/ survivors in Niagara. With the support of one-time funding from the Ministry of Health and Long-Term Care, a second community forum was held, ***"Working on a Dream: Starting to Turn the Dream into Reality"***. This forum looked at employment support strategies, opportunities and barriers to employment, income supports and consumer/survivor business initiatives. A Niagara employer marketing strategy was also developed with input from targeted employers in the region.

Two Mental Health Housing Forums held last year produced the report ***"Housing for Mental Health Consumers: Consultation and Action Plan"***. One of the critical strategies presented in the report was the development of a Niagara Mental Health Housing Co-ordinating Committee to plan and implement the report recommendations. Additionally, the Ministry of Health and Long-Term Care announced the Mental Health Homelessness Initiative Phase II, dedicating forty-five million dollars across the province to support housing proposals to support individuals with mental health disabilities. In response to these developments a community task force, representing a cross-section of community stakeholders, was called together. The mandate of the committee was to facilitate and co-ordinate Niagara proposal submissions with the goal of increasing access to a continuum of housing options and maintenance supports for people who experience serious mental health problems in Niagara.

Responding to directions from the Health Services Restructuring Committee and the Ministry of Health and Long-Term Care to de-centralise programs and services from Hamilton Psychiatric Hospital, a number of planning activities were initiated. The final report of the Ministry Implementation Team - System has been completed, and planning reports from the Tertiary Care Protocols Committee and the Forensics Committee are near completion. In addition, staff at Hotel Dieu has begun preliminary planning to site the 53 specialised mental health beds in Niagara.

The Niagara Dual Diagnosis Committee continued to work on improving services for individuals with a developmental disability and a mental health disability. Central West Health Planning Information Network completed a report on an evaluation of the implementation of the joint policy guidelines on services for individuals with a dual diagnosis. Committee members have been working to develop a proposal to set up service agreements and protocols between service providers, host various community education initiatives and develop an inventory of services.

Mental Health Committee (continued)

The Mental Health Committee hosted a two-day workshop on the Program Logic Model, and also developed a new community brochure ***"Adult Mental Health Programs and Services Directory: Region of Niagara"***.

In support of mental health reform, Health Council staff has been involved in various community activities. These include; Central South planning for 25 mental health beds for children and adolescents; participating in the Niagara Partners in Service Committee, which is developing a centralised access model for mental health and addiction services in Niagara; the Mental Health Services for Newcomers Committee; and the Addiction Services Mobilizing Committee.

Addiction Treatment

This past year the Substance Abuse Task Force report ***"Integrated Addiction Treatment Service Plan for Niagara"*** was endorsed by Council and submitted to the Ontario Substance Abuse Bureau, MOHLTC, for approval. It is expected that the review will be completed in the near future. The Task Force made twenty-two recommendations including a recommendation to establish the Addiction Treatment Network of Niagara to engage in system planning, and facilitate collaboration and integration of addiction treatment services in the region.

Substance Abuse Task Force

Lisa Horvatek, Chair
Mary Dobson
Philip Durrant
Mariea Mc Nelis
Susan Raymond
Dean Sayers

Ex-Officio: Heather Chalmers, Adrienne Jugley, Lisa Villeneuve, Steve Pierce and Gary Zalot
Staff: Vicky Guertin and Penny Pomeroy

1999/2000 MEMBERS

Mariea Mc Nelis, Chair
Peggy Allen
Sheila Bristo*
Roxanne Felice*
Judy Hoover
Adrienne Jugley*
Alan King*
Jim Knowles
Margaret Maynard
Jim Nicholls
Sylvana Sgro
Clarissa Szakacs*
Laurence Wolfson

Ex-Officio: Dr. Carol Welch
Staff: Vicky Guertin

**Resigned*

Niagara Employment Development Task Force

Brenda Coleman, Chair
Angela Browne
Linda Elliott
Betty Farrish
Linda Hambling
Judy Hoover
Mary Lacis
Roger Montpetit
Jim Nicholls
June O'Neill
Donna Plonski

Staff: Vicky Guertin and Sylvia Berkhout

Niagara Dual Diagnosis Committee

Cindy Camirand, Co-Chair
Linda Hambling, Co-Chair
Barbara Simmonds
Cindee Barrow
Kevin Berswick
Barb Chrysler
Len Dykstra *
Karen Fraser
Vickie Moreland
Karen MacCarl
Suzanne Melville
Mark Saltarelli
Diane Smith
Linda Smith
Dr. Karl Stobbe
Dr. Jane Summers
Sandra Todd
Kristyn Wilson-Schram

Ex-Officio: Trudy Battaglio, Susan Speck and Gary Zalot
Staff: Vicky Guertin

Addiction Services Mobilizing Committee

Adrienne Jugley, Chair
Albert Calaguiro/Colin Lucas
Heather Chalmers
Robin Crosby
Rick Crysler
Dr. George Davidson
Diane Doneff
Pat Johns
Dan Kehoe
Ken MacKenzie
Jim McKinnon
Norma Medulun
Matt Miller
Greg Moon
Linda Palanek
Stan Sadava
Dean Sayers
Heather Scott
Karen Whaley

Mental Health Housing Coordinating Task Force

Linda Hambling, Chair
Connie Bucknall
Sheila Connolly
Roxanne Felice
Alan King
Mary Ellen MacLellen
Larry Murphy
John Osczypko
Peter Papp
Kristyn Wilson-Schram
Pat Berard
Barb Chrysler
Betty Farrish/Nancy Bousfield
Liz Gatowski
Milica Kovacevich/Debbie Poppe
Norma Medulun
Karen Murray
Desmond Pouyat/Patricia Yack
Dan Silver
Staff: Julie Darnay

**Resigned*

LONG TERM CARE COMMITTEE

The Long Term Care Committee was originally formed in 1993. In 1995, when DHCs were mandated through the Long Term Care Act to lead their local communities in the development of long term care services, the Long Term Care Advisory Committee assumed this responsibility. Its role has been (through Council) to recommend to the Minister of Health and LTC annual and multi-year district service plans which identify priorities for service development and specific funding amounts for community long term care services. Five plans have since been developed, including a multi-year strategic plan and four annual plans.

The Long Term Care Committee last met in April, 1999, at which time it finalized the fourth annual Niagara District Service Plan for Long-Term Care community services for submission to Council and subsequently to the Ministry of Health and Long-Term Care.

The Committee has been put "on hold" since then, given completion of a number of members' terms on the Committee, and pending a review of Council's committee structure. The latter resulted in a decision to reactivate the Long Term Care Committee as one of three standing advisory committees of Council. New Terms of Reference have been developed and approved by Council and recruitment of members is taking place, with a target start-up date of June 2000.

While the DHC committee has been inactive, the Ministry of Health and Long-Term Care continues to use the 1999-2000 Annual District Service Plan to guide its funding allocations. In May 1999, the Ministry of Health and Long-Term Care announced a little over $6 million in new, ongoing funding for community long-term care services in Niagara. This brings the total new funding for Niagara since June 1996 to approximately $23 million.

As well, in May 2000, the Ministry of Health and Long-Term Care announced an additional 474 long-term care beds for Niagara, on top of the 100 new beds approved for Niagara in November, 1998. This leaves 72 more beds remaining to be announced out of the 646 new beds promised by the government to be in place by 2004.

In July 1999, staff participated in the development of a Request for Qualification for Children and Youth with Multiple Special Needs issued by the Ministry of Community and Social Services and the Ministry of Health and Long-Term Care. While Niagara was not successful with its application, it will benefit from the work in progress in the four pilot areas which are working to better organize and deliver services for medically fragile and technologically dependent children and their families.

A review of the nearly 30 Ministry of Health and Long-Term Care funded community long term care agency service plans and anecdotal reports over the past year indicate continued very serious and escalating pressures on the long term care system in Niagara.

The new Long Term Care Committee will be challenged to develop a work plan which will address priority local needs over the coming year, as well as Ministry of Health and Long-Term Care priorities, as requested.

Did You Know?

- Niagara has close to 30 long term care community agencies funded by the Ministry of Health and Long Term Care to provide services ranging from volunteer-based services (e.g., meals on wheels and friendly visiting), to respite and personal support services, to professional services such as nursing and physiotherapy.
- The LTC system serves people of all ages; in fact, in 1999/2000 of the over 18,000 residents served by CCAC Niagara, 3,000 (16.5%) of these clients were 19 years old or younger and another 3,000 (16.5%) were age 85 or older.
- Since early 1998, the number of individuals receiving nursing services each month from CCAC Niagara has grown 33%.
- About 10% of all personal support-homemaking services arranged by CCAC Niagara in 1999-2000 helped support people living at home with a terminal illness.
- The number of volunteer hospice visits was projected to increase by one-third between 1998/99 and 1999/2000.
- The number of meals delivered to people's homes was projected to increase nearly 75% between 1994/95 and 1999/2000.

1999/2000 MEMBERS *

Ronald Scott, Chair
Hank Beekhuis
Jocelyne Blais-Breton
Cathy Chisholm
Judi Dueck
Jocelyne Ivanovskis
Susan Putney
Doug Rapelje
Valerie Sciarra **
Karen Tribble
Connie Wightman

Ex-Officio: Denise Kelly
Staff: Joanne Manson

** Members to April 1999.*
*** Leave of absence*

FRENCH LANGUAGE HEALTH SERVICES COMMITTEE

The French Language Health Services Committee (FLHSC) has been a standing committee of Council since 1990. It provides advice on the planning and implementation of French language services (FLS) in Niagara. Under provisions of the French Language Services Act, Council oversees the efforts of more than thirty (30) health agencies and programs in Niagara identified to develop and offer French Language Services in the designated areas of Welland and Port Colborne.

The FLHSC has representation from provider agencies as well as consumers and community-based agencies.

In 1999, the FLHSC undertook the task of reviewing the DHC's regional French Language Services (FLS) plan. The proposed review process was very well received by the Ministry of Health and Long-Term Care. Subsequently, the DHC was invited by the Ministry to present the review process at the 1999 Action Centre Conference of District Health Councils.

The original FLS plan was developed in 1989/90. Agencies/programs were identified to develop and implement FLS if they provided services in the designated areas of Welland and Port Colborne or if they represented a unique regional service.

The first step in the review process was to update the list of identified transfer payment agencies and programs. The agencies and programs were asked to review and submit their individual FLS Implementation Plans. An Information Session was held to provide further clarification and direction on the implementation plan process and the requirements of the Ministry. Participants were able to network and consult each other on the expectations and the challenges. Agencies which are more familiar with the process gave examples of successes within their programs. Identified agencies were then asked to submit their Plans at the beginning of the new year.

The Transition Committee for the new Niagara Health System was also made aware of the Ministry of Health and Long-Term Care's expectations in terms of French Language Services.

Input was sought from Francophone community partners such as the French Canadian Association of Ontario (ACFO). The updated regional plan also takes into account the range of tertiary services provided by the Hamilton Health Sciences Corporation and St. Joseph's Hospital in Hamilton.

Along with undertaking the regional review process, the FLHSC provided feedback and recommendations on a number of initiatives such as the:

- provision of FLS in the review of Addiction Services in Niagara
- provision of FLS in hospitals in Niagara as a result of Commission directives to restructure hospital services
- proposal for the official designation of "Centre de santé communautaire" in Welland (Francophone Community Health Centre)

Noteworthy successes over the past year have been:

- the number of participants in the **Francophone Adult Day Service,** operated by the **Regional Municipality of Niagara** and located at Foyer Richelieu, which has doubled; a study is being undertaken to establish a Francophone Adult Day Service in Port Colborne.

- an increasing number of requests for service provided by the Francophone component of

S.S. Niagara (the Preschool Speech and Language Initiative for Niagara).

- the number of Francophone clients with the **Alzheimer's Society** has increased from 5 to 60. A French language support group for families is offered at Foyer Richelieu in Welland.

- in-home **respite services** are provided in French by the Regional Municipality of Niagara Community Services Program.

- **Community Care Access Centre Niagara** (CCAC Niagara) provides case management services in French. A Francophone case manager is located at the **Welland County General Hospital** to better serve French-speaking members of that community. Many of the professional services purchased by CCAC are also available in French.

- **New Port Centre**, a residential addictions treatment program, has developed a partnership with the **"Centre de santé communautaire"** in Welland. A French-speaking counsellor from New Port Centre is presently providing services 2 days a week at the Francophone Centre de santé communautaire in Welland.

- the Francophone speech and language pathologist working with S.S. Niagara (the regional preschool speech and language initiative sponsored by **the Niagara Peninsula Children's Centre**) provides services 3 days a week out of the Francophone Centre de santé communautaire in Welland.

- due to the increased number of French-speaking clients, the Francophone nurse working for the **Healthy Babies/Healthy Children Program** of the Regional Niagara Public Health Department now works with French-speaking families only.

- the **Community Food Advisor Program** of the Regional Niagara Public Health Department provides materials in French and is in the process of recruiting volunteers able to offer the program in French.

- **Brain Injury Community Re-Entry Niagara** has successfully recruited a Francophone board member.

- most patient information materials distributed by the **Welland County General Hospital** are produced simultaneously in both French and English.

The FLHSC will continue to follow hospital restructuring initiatives very closely in an effort to identify new regional programs or additional programs being extended to the Welland and Port Colborne areas. It is also looking forward to the official designation by Government of the Centre de santé communautaire over the next few months. The FLHSC will continue to move forward as it updates the DHC regional FLS plan, building on past and present successes for more opportunities to meet the needs of the Francophone community of Niagara.

1999/2000 MEMBERS

Karim Chelli, Chair
Robert Bisson
Doris Evans
Gérard Holmes
Marie-Claude Lang
Sharon Lawler *
Astrid Quenneville
Debbie Sevenpifer
Marc Todd
Ex-Officio: Jocelyne Blais-Breton, Denise Kelly and Gérard Parent
Staff: Penny Pomeroy

** Resigned*

ACUTE AND PRIMARY CARE COMMITTEE

The Acute and Primary Care Committee has reviewed the programs and services portion of annual hospital operating plans. The Committee has also addressed specific issues affecting acute and primary care as such issues arise.

The **Acute and Primary Care Committee** (APCC) has advised Council on issues relating to the provision of acute and primary health care services in Niagara. This Committee met in January, 1999 to develop the process to be utilized in reviewing the 1999/2000 hospital operating plans. These plans were originally due at the Ministry of Health and the District Health Council on February 1, 1999. This date was first postponed to March 1st and then to June 28th.

Council was given a three week period in which to provide advice to the Ministry on the programs and services portion of the hospital operating plans. The plans were reviewed by the Committee at a Hospital Operating Plan Forum held on July 7, 1999. The recommendations of the Committee went to the July Council meeting and Council's advice was passed on to the Ministry.

The Acute and Primary Care Committee has now been disbanded. Council extends a deeply felt "thank you" to its members, who have worked so diligently over the years. In the Committee's place, a Hospital Operating Plan Review Task Force (HOPRTF) was formed in April. This task force will review the programs and services portion of the 2000/2001 hospital operating plans this June.

Did You Know?

- Between 1989-90 and 1999-00, total hospital beds in Niagara have been reduced from 1,810 to 1,154. This represents a decrease of 36%. This is consistent generally with trends throughout Ontario.

1999/2000 MEMBERS

Peter Thornley, Chair
Lorna Banting
John Candeloro
Donna Cripps
Dr. Archie Heide
Dianne LeClair
Roseann Norton
Marty Parker
Frank Sardella
Tim Wright
Ex-Officio: Jocelyne Blais-Breton and Ron Wyborn

Hospital Operating Plan Review Task Force

Peter Thornley, Chair
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Jocelyn Blais-Breton
John Candeloro
Donna Cripps
Dr. Archie Heide
Ian Hennessy
Diane LeClair
Roseann Norton
Marty Parker
Domenic Ventresca
Tim Wright
Staff: Penny Pomeroy, Joanne Manson, and Shirley Stewart

PHYSICIAN RESOURCES PLANNING TASK FORCE

The Physician Resources Planning Task Force was formed in May 1998 in response to trends revealing existing and impending shortages of certain types of physicians in Niagara. Its role is to develop recommendations and strategies that will address the physician resource requirements in Niagara over both the short term and the longer term. It functions primarily as a planning and monitoring body, although it has been involved to a limited extent with direct recruitment.

The Physician Resources Planning Task Force has continued to work diligently over the past year in its efforts to address the physician resource requirements of Niagara. The serious shortage of family physicians has been the primary focus of the Task Force over the two years of its existence. While a year ago there was a great deal of "work in progress", the Task Force is now pleased to report some significant accomplishments.

All twelve of Niagara's municipalities have been designated underserviced for family physicians through the Ministry of Health and LTC's Underserviced Area Program (UAP). This designation was in response to two applications coordinated by the Task Force in conjunction with municipalities, hospitals and physicians in Niagara South and Niagara North. Niagara is now officially designated for 87 family physician vacancies. While now qualifying for community visitation incentives, municipalities will soon qualify for financial incentives for new physicians to set up a practice.

UAP designation qualified Niagara to attend the Ministry's annual Health Professionals Recruitment Tour held at the five Health Sciences Centre in the Fall of 1999. This included a regional team and display (in addition to some local displays as well), supported by Task Force members, area physicians and Niagara Economic and Tourism Corporation.

The Task Force has continued to be represented on the advisory board of the new Med Experience Plus Program offered by Brock University, which is just finishing its first year, and by all reports was very successful. This program offers early exposure and experience to students who are considering a career in the health field. This program will potentially increase the pool of physicians and other health professionals who will consider establishing their health-related career in Niagara upon the eventual completion of their training.

In the fall of 1999, the Task Force hosted a meeting with the area hospitals and the Rural Ontario Medical Program, which received increased funding to coordinate undergraduate and post-graduate residency placements in Niagara. Reports indicate a dramatic increase in the placements of medical students in Niagara. Again, the pay-off is expected when, once exposed to the area, the students will return to establish their practice in Niagara.

In December of 1999, an application was submitted to the MOHLTC for two additional Community Development Officers to serve the Central South and Central West regions. This application was developed jointly with the four other DHCs and McMaster University. Since then, funding has been approved, effective April 1, 2000, for an additional CDO for Central Ontario, who will be based with Rural Ontario Medical Program.

Finally, the Task Force was pleased to finalize its first report, entitled ***"A Blueprint for Physician Recruitment and Retention in Niagara into the Next Millennium"***. This report, which was endorsed by Council in May, is intended to serve two purposes:

1) To *summarize* the work of the Task since its inception in May 1998; and

2) To make *recommendations* on specific actions required in the future to meet the medical resource requirements of Niagara (hence the term "Blueprint" used in the title of the document).

The Task Force consulted widely prior to and during preparation of its report.

Through its recommendations, it is attempting to put in place a *sustainable structure* in Niagara to ensure that recruitment and retention of *all* required physicians (family physicians and specialists) remains a priority across Niagara in future. The complexity of the issue necessitates a high level of commitment and cooperation from area hospitals and local communities (municipalities, businesses, etc.) in order to meet with success. In addition to recommendations which will benefit Niagara directly, the Task Force has advocated for more systemic changes such as alternative funding and delivery models.

In the coming year, the Task Force intends to expand its focus to address specialist shortages which are being experienced concurrent with family physician shortages. Initially, it will focus on psychiatry, which is experiencing the most acute shortage of all the specialties.

The Task Force looks forward to continued efforts towards meeting the physician resource requirements of Niagara over the short and longer term.

The Physician Resources Planning Task Force has consulted widely over the past two years in the course of its efforts to address physician resource requirements in Niagara. Examples include:

- Professional Association of Internes and Residents of Ontario
- Southwestern Ontario Rural Medical Unit
- Rural Ontario Medical Program
- McMaster University
- Ontario Medical Association
- Ontario Physician Human Resources Data Centre
- Canadian Medical Hall of Fame
- Canadian Medical Association
- College of Physicians and Surgeons of Ontario
- Ontario College of Family Physicians
- Institute for Clinical Evaluative Sciences
- Medical Students and Residents
- Nurse Practitioners
- Fact-finder on physician resources in Ontario (Dr. Robert McKendry)
- Provincial Parliamentary Assistant for Rural Health (Mr. David Tilson)
- Health Services Restructuring Commission
- Recruitment Firms
- Niagara Economic and Tourism Corporation
- MPPs
- Niagara Hospitals
- Other DHCs.

Did You Know?

- A recent publication (ICES, November 1999) has indicated that Niagara has the second lowest complement of family physicians in the province.

- Niagara's twelve municipalities have been designated underserviced for a total of 87 family physicians under the MOHLTC Underserviced Area Program.
- Niagara needs an additional 32 psychiatrists to meet the benchmark ratio of the Council of Faculties of Medicine.

1999/2000 MEMBERS

Dr. Jeff Remington, Chair
John Candeloro
John Carter
David Cashin *
Dr. Marion Frendo
Dr. John (Jack) Luce
Councillor Ann-Marie Noyes
Dr. Richard H. Railton
Regional Councillor Bob Saracino
Ron Scott
Dr. Richard Swinson
Dr. Robin Williams

Ex-Officio: Linda Boich, Jay Orchard and Gary Zalot
Staff: Joanne Manson

***Resigned**

Medical Education Working Group

Dr. Robin Williams, Chair
Dr. Jeff Remington
Dr. John (Jack) Luce
Dr. Richard H. Railton
Dr. Marion Frendo

Recruitment and Retention Working Group

Bob Saracino, Chair
Dr. Jeff Remington
John Carter
Ann-Marie Noyes
Jackie Williams

Ex-Officio: Jay Orchard

NIAGARA REGIONAL MONITORING COMMITTEE

The Regional Monitoring Committee, previously known as the Pre-Hospital and Emergency Services Task Force, monitors the utilization of Redirect Consideration (RDC) and Critical Care Bypass (CCB) by Niagara hospital/hospital sites with emergency departments. This mandate forms part of the implementation of the Report of the Niagara Ambulance Bypass Task Forces (1998).

The Pre-Hospital and Emergency Services Task Force (PHESTF)/Regional Monitoring Committee (RMC) monitors the utilization of Critical Care Bypass (CCB) and Redirect Consideration (RDC) by Niagara hospitals with emergency departments. CCB is a status which signifies that an emergency room (ER) has temporarily exceeded routinely available critical care resources within the department and within the Intensive Care Unit. RDC is a status which signifies that the ER is experiencing a level of activity which would allow it to accept only a critically ill or injured patient.

The RMC revised Niagara's existing policy in March, 1999. Our new policy was put into effect by the Ministry of Health and Long Term Care in April. The Task Force then developed an educational program about the policy and delivered this program to all involved stakeholders.

To better monitor the effects of the policy on the calling of CCB/RDC, the Committee developed a Standard Form to record incidents of CCB/RDC, the factors which necessitated any given incident, and the mitigating actions taken to try to alleviate the problem. The seven emergency departments in Niagara now complete these forms and submit them to the NDHC for storage on our database. Information from the Ministry's Criticall data base supplements the DHC data in monitoring pre-hospital and emergency service issues.

The RMC has been reviewing data and developing its monitoring processes. A revised Ambulance Call Log Sheet has been developed which provides a third source of data dealing with the effects of CCB/RDC on the delivery of paramedical services.

The RMC is currently engaged in an annual review of the 1999 CCB/RDC policy. It is also involved in planning for next winter's holiday season, in an attempt to minimize incidents of CCB/RDC over this peak period.

NIAGARA REGIONAL MONITORING COMMITTEE MEMBERS

Cheryl White, Chair
Jane Charette
Cathy Chisholm
Carole Course
John Cunnane
Cathy Dixon
Linda Hayes
Lorie Luinstra-Tooley/Lee Malloy
Roger Mayo
Kevin Smith
Maria Vuono

Ex-Officio: Ernie Jodoin, Ernie Jones, Shelly Moneta and Shawn Wolkowski
Staff: Penny Pomeroy

Y2K TASK FORCE

Council's Y2K Task Force was formed in early 1999 to facilitate the co-ordination of emergency preparedness plans within the broader health sector and with local government plans. The Niagara DHC has agreed to continue to support ongoing efforts to improve and co-ordinate emergency preparedness plans in Niagara's broader health sector.

As directed by the Ministry of Health and Long-Term Care, Council's Y2K Task Force was formed in early 1999 to facilitate the development and co-ordination of Year 2000 Operational Continuity and Emergency Preparedness in Niagara's broader health sector.

Each health care agency and health service provider was responsible for technology and information systems remediation and contingency planning for their own organization/service. The broader health sector included: 10 hospitals, 50+ long term care facilities and rest homes, Community Care Access Centre and 50+ community health/social service agencies.

The Y2K Task Force also helped to facilitate the coordination of emergency preparedness plans between the broader health sector and local government, i.e., the Regional Municipality of Niagara and the 12 area municipalities.

Over the course of the project the Task Force undertook a range of activities, including: surveys, forums, a contingency planning workshop and several community-based meetings across the district. These efforts were successful in achieving the following objectives:

- identifying outstanding Y2K planning issues;
- facilitating the sharing of information on Y2K readiness and planned service levels over the transition period;
- facilitating the development and co-ordination of operational continuity and contingency plans, including strategies to identify and support vulnerable populations;
- facilitating the development of emergency and public communication strategies; and,
- improving the overall level of emergency preparedness in Niagara's health sector.

The forums and community meetings were well attended by senior staff representatives from local hospitals, community health agencies, long-term care organizations, the Ministry of Health and Long-Term Care, the Ontario Hospital Association, Ontario Hydro Services Co., Bell Canada, Enbridge Consumers Gas, the Regional Municipality of Niagara, the Niagara Regional Police, area municipalities, and local hydro commissions.

Local Y2K planning efforts helped develop:

- A common, back up communications infrastructure for the hospital sector;
- Protocols for identifying "high risk" clients and developing client-based contingency plans;
- Assessment of organizational self-sufficiency versus interdependency;
- Stronger relationships between sectors;
- Replenished emergency inventories.

Council endorsed the recommendations of its Y2K Task Force to continue to support local efforts to develop and co-ordinate emergency preparedness plans in Niagara.

Y2K Task Force (continued)

1999/2000 MEMBERS

Susan Anderson, Co-chair
Bjorn Christensen, Co-chair
Linda Barry-Hallowell
John Cunnane/Sean Bertleff
Susan Norton
Debbie Sevenpifer
Tom McNulty

Ex-officio: Barbara Baca and Gary Zalot
Staff: Shirley Stewart

If you are interested in being part of our Council or one of our Committees or Task Forces, give us a call at (905) 892-5771 to receive your application kit. For general information, be sure to

Visit our new website at

www.niagaradhc.on.ca

We look forward to planning with our community partners to meet Niagara's health care needs in the future !

M121

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NIAGARA DISTRICT HEALTH COUNCIL

FINANCIAL HIGHLIGHTS FOR THE
YEAR ENDED MARCH 31, 2000

STATEMENT OF OPERATIONS

	2000	1999
REVENUE		
Ministry of Health and Long-Term Care grants	**$840,614**	$801,774
Other	**125,761**	90,317
	966,375	892,091
EXPENSES		
Salaries and benefits	**560,430**	553,874
Administrative costs	**338,096**	301,886
	898,526	855,760
DUE TO MINISTRY OF HEALTH AND LONG-TERM CARE	**$ 67,849**	$ 36,331

BALANCE SHEET

ASSETS		
Current	**$115,435**	$ 87,956
Capital assets, net of accumulated depreciation	**85,532**	110,882
	$200,967	$198,838
LIABILITIES		
Current		
Accounts payable and accruals	**$ 7,800**	$ 40,672
Due to Ministry of Health and Long-Term Care	**101,471**	36,331
	109,271	77,003
Deferred contributions	**6,164**	10,953
Deferred grants for capital assets	**85,532**	110,882
	$200,967	$198,838

Ontario Public Sector Salary Disclosure Act, 1996 - The following full-time employee of the Niagara District Health Council receives a salary of $100,000 or more in 1999. Gary Zalot, Executive Director - Salary $101,218 - Taxable Benefits, $861.

Financial statements for the Niagara District Health Council for the fiscal year ended March 31, 2000 have been prepared by Council's auditors and an unqualified auditors' report has been issued.

NIAGARA DISTRICT HEALTH COUNCIL

FINANCIAL HIGHLIGHTS FOR THE
YEAR ENDED MARCH 31, 2000

STATEMENT OF OPERATIONS

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Niagara District Health Council
Conseil régional de santé de Niagara

1428 Pelham Street, P.O. Box 1220, Fonthill, Ontario L0S 1E0 Telephone (905) 892-5771 Fax (905) 892-1593

Operating Statement

We will plan with the community and the Minister of Health to support a healthy community with an integrated health system of the highest quality. In our planning we will rely on local volunteers and experts and will operate according to the following values.

Our Values

☑ *Integrated Health System*

We value a high quality integrated health system in Niagara which:

- addresses the multiple determinants of health
- provides accessible services with compassion, respect and dignity
- has defined expectations, accountabilities and authority.

☑ *Teamwork and Leadership*

We value teamwork and we exercise planning leadership in Niagara by providing opportunities to work collaboratively with community stakeholders.

☑ *Community Input*

We value input from the Niagara community and advocate for our community's views with the Minister of Health and local health and related social service providers.

☑ *Best Practice*

We value planning and service delivery which reflects "best practice" as determined by research and the analysis of population health needs data. This ensures that our advice contributes to the health and well-being of Niagara residents.

☑ *Quality and Cost Effectiveness*

We value managing Niagara's resources responsibly to maximize the quality and cost effectiveness of our integrated health services.

Approved by Council on October 18, 1995

COUNCIL MEMBERS 1975 TO 2000

Roy Adams
Frank Adamson
Robert Allan
John Angres
Robert Arkell
Eric Bergenstein
Joan Blanchard
Sharon Bowers
Rev. Elliston Bridger
Rev. Glenn Brown
Joan Brunt
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Dr. Arthur Comley
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Richard Dwor	1975-1978	Edwin Schellenberg	1990-1991
Dr. Gordon Ralph	1978-1980	Ara Torigian	1991-1994
Edd Masters (Interim)	1980	Peter Thornley	1994-1995
Edward Mitchelson	1980-1982	Barbara Robinson	1995-1997
Dr. James Gibson	1982-1984	Frank Vassallo	1997
Duncan Macfarlane	1984-1986	Doug Hamilton	1998
Candace Paris	1986-1988	William Smeaton	1998-1999
Frank Adamson	1988-1990	Dave Eke	1999-present

EXECUTIVE DIRECTORS

Dick Thornton	1975-1978	Frank Lussing	1980-1986
Craig Brown	1978-1980	Gary Zalot	1986-present